



**NEW HAMPSHIRE PARI-MUTUEL COMMISSION**  
**78 REGIONAL DRIVE CONCORD, NH 03301**  
**TELEPHONE: (603)-271-2158 FAX: (603) 271-3381**

**PRIMARY GAME OPERATOR APPLICATION**  
**FOR A GAME OPERATOR LICENSE**

**INSTRUCTIONS:** All primary game operators shall complete this application form and submit it to the Commission. "Primary game operators" mean any consultants or any persons other than a bona fide member of the charitable organization involved in conducting, managing, supervising, directing or running the games of chance. Hand print or type an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. All applicants are advised that this application is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the denial, suspension or revocation of a license.

**\* PLEASE ATTACH TO THIS APPLICATION A COMPLETED CRIMINAL RECORD RELEASE AUTHORIZATION FORM AND 2 PHOTOGRAPHS THAT MEET PASSPORT STANDARDS\***

**SECTION 1: PERSONAL INFORMATION**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Number of Street City State Zip Code

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Name Middle Name Last Name

Home Address: \_\_\_\_\_  
Number of Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Post Office Box or Number of Street City State Zip Code

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State

Gender: ☐ Male ☐ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eye: \_\_\_\_\_

Scars, Tattoos, Distinguishing Marks or Other Characteristics: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Business Telephone #: (\_\_\_\_) \_\_\_\_\_  
Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Passport # \_\_\_\_\_  
Drivers License/State ID Number: \_\_\_\_\_ Issued by: \_\_\_\_\_  
State Number

Are you a U.S Citizen? ☐ Yes ☐ No If "No", Country of Citizenship: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Are you or have you ever been a bona fide member of any charitable organization(s)? ☐ Yes ☐ No

If "Yes", list the organization(s) you are or were a bona fide member of: \_\_\_\_\_

Have you ever had a Gaming Permit in any state or under any other name? ☐ Yes ☐ No

If "Yes", list any states or alias (nicknames, maiden name, or other name changes, legal or otherwise) below.

## SECTION 2: MARITAL INFORMATION

Single ☐

Married ☐

Separated ☐

Divorced ☐

Widowed ☐

**A. Current Marriage:** \_\_\_\_\_  
Date City County State

Spouse's full name (Maiden): \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State

Home Address: \_\_\_\_\_  
Number of Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Post Office Box or Number of Street City State Zip Code

Home Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Business Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip

**B. Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Marriage	Date of Order or Decree	Nature of Action	City, County, and State

## SECTION 3: FAMILY INFORMATION

**A. Children and Dependents:** List all children, including step-children/adopted children and give the following information:

Name	Date of Birth	Place of Birth	Home Address

**B. Parents:** List names, residence addresses, dates of birth, and most recent occupations of parents, parents-in-law, or legal guardian. If retired or deceased, list last address and occupation.

	Name	Date of Birth	Address	Occupation
Father				
Mother				
Father-In-Law				
Mother-In-Law				

**C. Brothers and Sisters:** List names, residence addresses, dates of birth, and most recent occupations of brothers and sisters and of their respective spouses:

Brothers/Sisters Name	Date of Birth	Address	Occupation	Spouses Name (Maiden)

#### SECTION 4: EDUCATION

Name of School	Location	Dates Attended	Graduated
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Highest type of degree obtained and field: \_\_\_\_\_

#### SECTION 5: MILITARY INFORMATION

Have you ever served in any armed forces? Yes ☐ No ☐

Branch: \_\_\_\_\_ Date of Entry-Active Service: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Rating at Separation: \_\_\_\_\_ Serial Number: \_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in summary action, a trial, or special or general court martial? Yes ☐ No ☐ If yes, furnish details on separate page.

#### SECTION 6: ARREST, DETENTIONS, AND LITIGATIONS: (INCLUDE THOSE ARRESTS IN WHICH YOU WERE NOT CONVICTED.)

**A.** Have you ever been arrested, detained, charged, indicted, or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☐

If so, give details in space provided below. List all cases without exception. If additional space is needed please list on separate sheet.

Date of Arrest	Age	Charge	Jurisdiction	Disposition	Arresting Agency

<b>B.</b>	Has a criminal indictment, information, or complaint related to the gaming or lottery industry ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? If yes, furnish details below				Yes	No
<b>C.</b>	Have you ever been questioned about your participation in any crime or your participation in any gambling offense, drug offense, or crime of violence?					
<b>D.</b>	Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission?					
<b>E.</b>	Have you ever had a civil or criminal record expunged or sealed by a court order? If yes, complete below					
	When	City	County	State		
<b>F.</b>	Have you ever received a pardon for any criminal offense? If yes, When _____					

If your answer to any of the above questions (B through F) is yes, give details on a separate page.

G. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐  
 If yes, complete the following:

Name	Relationship	Charge	Location	Date

H. Do you now or have you ever knowingly been associated with socially or professionally, persons known to be convicted of a felony or having ties with organized crime? (If yes, explain)

I. Have you, as an individual, member of a partnership, or owner, director, or officer of a corporation or any entity, ever been a party to a lawsuit as either a plaintiff or defendant? (Other than divorces.) Yes ☐ No ☐ If yes, give details below.  
**List all cases without exception, including bankruptcies:**

Court and Plaintiff/Defendant	Case Number	City, State, Zip	Disposition

SECTION 7: RESIDENCES

List all residences you have had for the last five (5) years:

From Month/Year	To Month/Year	Street & Number	City	State & County

SECTION 8: EMPLOYMENT HISTORY

1. Attach a list all employment activity, including periods of unemployment other than employment in the gaming or lottery industry for the last five (5) years. Please list the dates of employment, employer’s name, supervisor’s name, employer’s address and telephone number and job title. The NH Pari-Mutuel Commission MAY contact any and all employers on your list.

2. Attach a list of all current or previous employment in New Hampshire or any other state in the gaming or lottery industry, including the dates of employment, employer's name, supervisor's name, employer's address and telephone number and job title. The NH Pari-Mutuel Commission MAY contact any and all employers on your list.

## SECTION 9: PERMITTING/LICENSING INFORMATION

1. Have you ever withdrawn a gaming or liquor license application, been denied a gaming or liquor license, had a gaming or liquor license suspended or revoked or had a related finding of unsuitability for licensure? Yes ☐ No ☐

2. Have you been a participant in any group which has withdrawn a gaming or liquor license application, been denied a gaming or liquor license, had a gaming or liquor license suspended or revoked or had a related finding of unsuitability? Yes ☐ No ☐

If yes, to question 1 or 2 above, state where, when, and for what reason below.

Where	When	Reason

3. Have you ever owned, operated, or managed any business, company, enterprise or currently own stock, hold interest (other than mutual funds, 401ks, etc.) or operate, manage or act as Agent for any business, company or enterprise other than the business, company, casino for which you are currently applying for a Primary Game Operator license? This should include any "Doing Business as" or "Fictitious Business" names used. Yes ☐ No ☐ If Yes, Please list

Name of Business	Location	Relationship (Agent, Owner, Manager, etc.)

4. Have you ever been investigated by, made application to, or been licensed by the New Hampshire Pari-Mutuel Commission or held a privileged or professional license in any state, including the state of New Hampshire: Yes ☐ No ☐

If yes, check appropriate box:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Gaming          | <input type="checkbox"/> Liquor            | <input type="checkbox"/> Real Estate Broker or Salesman |
| <input type="checkbox"/> Boxing Promoter | <input type="checkbox"/> Accountant        | <input type="checkbox"/> Race Horse/Race Dog Owner      |
| <input type="checkbox"/> Jockey          | <input type="checkbox"/> Attorney/Lawyer   | <input type="checkbox"/> Trainer or Manager             |
| <input type="checkbox"/> Doctor          | <input type="checkbox"/> Securities Dealer | <input type="checkbox"/> Other: _____                   |

If yes, state where, years held, and the nature of any disciplinary actions taken against you, if any.

Date of Application License or Investigation	Name & Address of Licensing Agency	Type of License & License Number	Disposition or Status of Application or License

5. Do you have any relatives associated with or employed in the gaming or liquor industry? Yes ☐ No ☐

If yes, state the below information

Name	Relation	Association or Employment


1. Have you ever held a financial interest in a gambling venture, such as a New Hampshire Pari-Mutuel horse or dog operation, jai alai fronton, lottery, casino or bookmaking operation? Yes ☐No ☐If yes, give details on a separate page.

**SECTION 10: SUMMARY FINANCIAL QUESTIONNAIRE**

2. Do you own, rent or have access to any safe deposit box or other such depository located at a bank, home, office or elsewhere? Yes ☐No ☐If yes, complete the following:

Box Number or Type of Depository	Location	City and State

3. Have you ever filed bankruptcy? Yes ☐No ☐If yes, furnish details on separate sheet.

4. Has your Federal Income Tax Return ever been audited or adjusted? Yes ☐No ☐If yes, furnish details on separate sheet

**TAX DATA (FEDERAL)**

5. Have you filed your Federal Income Tax returns for the previous three (3) years? Yes ☐No ☐  
 If yes, attach copies of returns and supporting schedules covering those three (3) years to this application.  
 If no, have you filed for an extension? Yes ☐No ☐If yes, attach a copy of the extension application form to this application. If no, explain:

6. Are you delinquent in paying any financial obligation to the federal government? Yes ☐No ☐  
 If yes, explain:

**TAX DATA (STATE)**

Complete only if you are required to file a state of New Hampshire income tax return.

7. Have you filed your state of New Hampshire Income tax returns for the previous three (3) years? Yes ☐No ☐  
 If no, explain:

8. Are you delinquent in paying any financial obligations to the state of New Hampshire or any other state, county or municipal government? Yes ☐ No ☐ If yes, explain:

9. Do you own or control any assets or liabilities located outside the United States? Yes ☐ No ☐

10. Do you control, manage or hold in trust any assets or liabilities for another person or entity? Yes ☐ No ☐

11. Applicants Annual Income \$ \_\_\_\_\_

Salary \_\_\_\_\_ Interest \_\_\_\_\_ Dividends \_\_\_\_\_

Other (Describe in Detail) \_\_\_\_\_

12. Include all assets and liabilities on the attached schedules. (Attach additional schedules or forms if necessary.)

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

## STATEMENT OF ASSETS

AS OF \_\_\_\_\_, 20\_\_\_\_

List all assets, both tangible and intangible on the appropriate line below. Enter the amount as of the date of this statement. Each listed asset must be described fully on the appropriate federal income tax schedule.

	Original Cost/ Investment	Market Value
<b>Current Assets:</b>		
Cash on Hand.....	\$ _____	\$ _____
Cash in Banks (Schedule "A").....	\$ _____	\$ _____
Accounts & Notes Receivable (Schedule "B").....	\$ _____	\$ _____
<b>Investments:</b>		
Stocks & Bonds (Schedule "C").....	\$ _____	\$ _____
Business Investments (Schedule "D").....	\$ _____	\$ _____
<b>Fixed Assets:</b>		
Real Estate (Schedule "E").....	\$ _____	\$ _____
Other Assets (Schedule "F").....	\$ _____	\$ _____
<b>TOTAL ASSETS</b> .....	\$ _____	\$ _____

## STATEMENT OF LIABILITIES

AS OF \_\_\_\_\_, 20\_\_\_\_

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each listed liability must be described fully on the appropriate federal income tax schedule.

	Original Amount	Present Balance
Current Liabilities (debts due & payable within one year).....	\$ _____	\$ _____
Accounts Payable (credit cards, etc.).....	\$ _____	\$ _____
Taxes Payable.....	\$ _____	\$ _____
Long Term Liabilities (debts due and payable in more than one year).....	\$ _____	\$ _____
Notes Payable (Schedule "G").....	\$ _____	\$ _____
Mortgages Payable (Schedule "H").....	\$ _____	\$ _____
Other Liabilities (Schedule "I").....	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b> .....	\$ _____	\$ _____
<b>NET WORTH</b> .....	\$ _____	
<b>CONTINGENT LIABILITIES</b> (Schedule "J")... \$ _____		



## **SCHEDULE "A"**

### **Cash in Banks**

List below all accounts, foreign and domestic, maintained by you, your spouse or dependent children. (Fill out completely)

Name and Address of Bank	Names of Persons Appearing on Account	Account Number	Date Opened	Interest Rate	Type of Account	Balance as of (Date)

## **SCHEDULE "B"**

### **Accounts and Notes Receivable**

List below all accounts and notes receivable held by you, your spouse or dependent children. Indicate by means of an asterisk (\*) in the first column, accounts and notes receivable held by your spouse and /or dependent children. (Fill out completely)

Name and Address of Debtor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	Interest Rate	Maturity Date	Purpose	Collateral

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

## SCHEDULE "C"

### Stocks and Bonds

List below the information requested for all stocks and bonds held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the stocks held by such mutual fund or holding company need not be listed; whenever such interest exist through a beneficial interest in a trust, the stocks and bonds held in such trust shall be listed if you, your spouse or dependent children have knowledge of what stocks and bonds are so held. INDICATE PUBLICLY TRADED STOCKS AND BONDS BY AN ASTERISK (\*). Indicate by means of a double asterisk (\*\*) next to the first column all stocks and bonds held by your spouse or dependent children. (Fill out completely)

Issuer	Type	Number of Shares/Units	Purchase Price	Date of Purchase	Name in Which Held	Market Value

## SCHEDULE "D"

### Business Investments

List below the information requested regarding any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This should include but not be limited to joint ventures, partnerships, sole proprietorships and corporations. (Fill out completely)

Entity Name	Type of Entity	Number of Shares/Units	Percent of Ownership	Purchase Price	Date of Purchase	Name in Which Held	Individuals/Entities Sharing Interest and Percentage Ownership	Market Value

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

## SCHEDULE "E"

### Real Estate

List below the information requested regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the name of all individuals or entities who share a direct, vested or contingent interest therein. (Fill out completely)

Address/Location	Type	Size	Purchase Price / Improvements at Cost	Date of Purchase	Other Owners	Ownership Percent	Market Income	Value

## SCHEDULE "F"

### Other Assets

List below the information requested for all other assets held by you, your spouse or dependent children. Indicate my means of an asterisk (\*) in the first column those assets held by your spouse or dependent children. (i.e. Automobiles, Personal Property, Cash Surrender Value of Life Insurance Policies, Pension Plans, etc.) (Fill out completely)

Type of Asset	Purchase Price	Date of Purchase	Market Value	Other Information

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

## SCHEDULE "G"

### Notes Payable

List below the information requested for all notes payable for which you, your spouse or dependent children are obligated. Indicate by means of an asterisk (\*) in the first column those notes for which your spouse or dependent children are obligated. (Fill out completely)

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/ Period	Interest Rate	Maturity Date	Purpose	Collateral

## SCHEDULE "H"

### Mortgages Payable

List below the information requested for all mortgages or liens payable on real estate for which you, your spouse or dependent children are obligated. Indicate by an asterisk (\*) in the first column those mortgages/liens for which your spouse or dependent children are obligated. (Fill out completely)

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment Period	Interest Rate	Position of Mortgage/Lien	Maturity Date	Description/Address of Real Estate

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

**SCHEDULE "I"**

**Other Liabilities**

List below the information requested for any other indebtedness for which you, your spouse or dependent children are obligated. Indicate by means of an asterisk (\*) in the first column those notes for which your spouse or dependent children are obligated. (Fill out completely)

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/Period	Interest Rate	Maturity Date	Purpose	Description of Liability	Collateral

**SCHEDULE "J"**

**Contingent Liabilities**

List below the information requested for all contingent liabilities for which you, your spouse or dependent children are obligated. Indicate by an asterisk (\*) in the first column those mortgages/liens for which your spouse or dependent children are obligated. (Fill out completely)

Name and Address of Creditor	Date Incurred	Original Amount	Unpaid Balance	Payment/Period	Interest Rate	Interest Date	Maturity Purpose Collateral	Persons Liable Besides and/or Your Spouse

Date: \_\_\_\_\_ Applicants Initials: \_\_\_\_\_

**STATEMENT OF TRUTH**  
**(To be completed in the presence of a Notary Public)**

I, the undersigned applicant, certify, under the penalties of unsworn falsification pursuant to RSA 641:3, has filed with the Pari-Mutuel Commission an "application". In consideration of the assurance by the Commission that no vote on said "application" will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to background, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the state of New Hampshire, the Pari-Mutuel Commission, its members, agents, and employees, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned's "application".

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

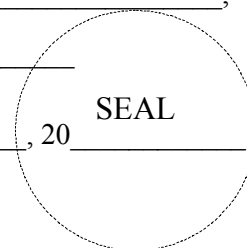
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

In witness whereof, I have executed this release at \_\_\_\_\_, \_\_\_\_\_  
City State  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_ Expiration Date: \_\_\_\_\_



**New Hampshire Pari-Mutuel Commission Use Only**

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Data Input By: \_\_\_\_\_ Date: \_\_\_\_\_  
License Action: ☐ APPROVED BY: \_\_\_\_\_ ☐ DENIED BY: \_\_\_\_\_  
Bond Supplied by: \_\_\_\_\_ Bond#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_